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Bib Data Sheet

CONFIRMATION NO. 5384

<b>SERIAL NUMBER</b> 10/649,473	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 895,675-173
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/406,183 08/26/2002 and claims benefit of 60/406,254 08/26/2002  
 and claims benefit of 60/406,148 08/26/2002  
 and claims benefit of 60/406,184 08/26/2002  
 and claims benefit of 60/406,185 08/26/2002  
 and claims benefit of 60/406,234 08/26/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 11/15/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>SCA</u> Initials <u>6/11/07</u>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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## ADDRESS

34263

## TITLE

System and method for identifying a vascular border

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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